## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

278963

|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                 |                                    |                     |                  |                   |                     | <u> </u>               |                               |                             |                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------|------------------------------------|---------------------|------------------|-------------------|---------------------|------------------------|-------------------------------|-----------------------------|----------------------------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                      |                                                |                                           |                 |                                    |                     |                  | SMALL ENTITY TYPE |                     | OR                     | OTHER THAN<br>OR SMALL ENTITY |                             |                                              |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                |                                           | 20              |                                    |                     |                  |                   | RATE                | FEE                    | 1                             | RATE                        | FEE                                          |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                |                                           | NUMBER FILED    |                                    | NUMBER EXTRA        |                  |                   | BASIC FEE           | 385.00                 | OR                            | BASIC FEE                   | 770.00                                       |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                |                                           | 20ninus 20=     |                                    | • 9                 |                  |                   | X\$ 9=              |                        | OR                            | X\$18=                      |                                              |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                |                                           | $\Omega$ mi     | <u>n</u> us 3 =                    | *                   |                  |                   | X43=                |                        | OR                            | X86=                        |                                              |
| MULTIPLE DEPENDENT CLAIM PI                                                                                                                                                                                                                                                                                         |                                                |                                           | RESENT          |                                    |                     |                  |                   | +145≈               |                        |                               | +290=                       |                                              |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                            |                                                |                                           |                 |                                    |                     |                  | TOTAL             |                     | OR                     | TOTAL                         | 77.                         |                                              |
| CLAIMS AS AMENDED - PART II  8-18-06 (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                               |                                                |                                           |                 |                                    |                     | <b>.</b>         | SMALL             | ENTITY              | OR                     | OTHER<br>SMALL                |                             |                                              |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIGHI<br>NUME<br>PREVICE<br>PAID I | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                        | ADDI-<br>TIONAL<br>FEE                       |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | . 21                                      | Minus           | · 2                                | 20                  | = /              | ] [               | X\$ 9=              |                        | OR                            | 350<br>X\$1 <del>8</del> 5= | 50                                           |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    | · 2                                       | Minus           |                                    | 3                   | = &              | ] [               | X43=                |                        | OR                            | 200<br>X <del>86</del> -    |                                              |
| Ľ                                                                                                                                                                                                                                                                                                                   | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEF     | PENDENT                            | CLAIM               |                  | ŀ                 | +145=               |                        | OR                            | +290=                       |                                              |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                 |                                    |                     |                  | L                 | TOTAL               |                        |                               | TOTAL                       | 50                                           |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                |                                           |                 |                                    |                     |                  |                   | ADDIT. FEE          |                        | JOIT.                         | ADDIT. FEE                  |                                              |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         | ·                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUME<br>PREVIO             | EST<br>BER<br>JUSLY | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                        | ADDI-<br>TIONAL<br>FEE                       |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | .*                                        | Minus           | ##                                 |                     | =                |                   | X\$ 9=              |                        | OR                            | X\$18=                      |                                              |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    | *                                         | Minus           | ***                                | 01.4114             |                  | 1                 | X43=                |                        | OR                            | X86=                        |                                              |
|                                                                                                                                                                                                                                                                                                                     | HHS1 PHESE                                     | NTATION OF ML                             | JLTIPLE DEP     | ENDENI                             | CLAIM               |                  | ] [               | +145=               |                        | OR                            | +290=                       |                                              |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                 |                                    |                     |                  | . L               | TOTAL<br>ADDIT, FEE |                        | OR                            | TOTAL<br>ADDIT, FEE         |                                              |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                |                                           |                 |                                    |                     |                  |                   |                     |                        |                               |                             |                                              |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHI<br>NUME<br>PREVIO<br>PAID F  | BER<br>JUSLY        | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                        | ADDI-<br>TIONAL<br>FEE                       |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | •                                         | Minus           | **                                 |                     | =                | ] [               | X\$ 9=              | :                      | OR                            | X\$18=                      |                                              |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    | *                                         | Minus           | ***                                |                     | =                | <b>!</b>          | X43=                |                        | OR                            | X86=                        |                                              |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                    |                     |                  |                   |                     |                        |                               |                             |                                              |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                               |                                                |                                           |                 |                                    |                     |                  |                   | +145=               |                        | OR                            | +290=<br>TOTAL              |                                              |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                 |                                    |                     |                  |                   |                     |                        |                               |                             | <u>.                                    </u> |
| •                                                                                                                                                                                                                                                                                                                   | The "Highest Num                               | ber Previously Pal                        | i For (Total or | Independe                          | int) is the         | nighest numbe    | er four           | no in the app       | ropriate box           | in col                        | umn 1.                      |                                              |